

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 1 8

2. STATE:

Texas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT: See Attachment

a. FFY 2001 \$ 4,738,809

b. FFY 2002 \$ 4,707,514

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

See Attachment

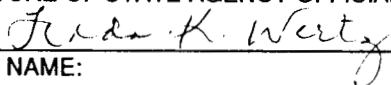
10. SUBJECT OF AMENDMENT: Amendment No. 583 - This amendment establishes the general provisions for delivery of Developmental Rehabilitation Services. These services are medical and/or remedial services that integrate therapeutic intervention into the daily routine of the child and family in order to restore or maintain function and/or to reduce dysfunction resulting from a mental or physical disability or developmental delay

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Linda K. Wertz

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

December 22, 2000

16. RETURN TO:

Linda K. Wertz
State Medical Director
Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12-26-00

18. DATE APPROVED:

1 MAY. 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 OCT 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & STATE OPERATIONS

23. REMARKS:

Attachment to HCFA-179 for
Transmittal No. 00-18, Amendment No 583.

Number of the
Plan Section or Attachment

Appendix 1 to Attachment 3.1-A
Page 31i
Page 31j
Page 31k

Appendix 1 to Attachment 3.1-B
Page 31i
Page 31j
Page 31k

Attachment 4.19-B
Page 39

Number of the Superseded
Plan Section or Attachment

Appendix 1 to Attachment 3.1-A
New
New
New

Appendix 1 to Attachment 3.1-B
New
New
New

Attachment 4.19-B
New

13.d EPSDT Developmental Rehabilitation Services

Service Definition

Developmental Rehabilitation Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of, and rehabilitating an individual's medical or other health-related condition. They are medical and/or remedial services that integrate therapeutic intervention strategies into the daily routines of a child and family in order to restore or maintain function and/or to reduce dysfunction resulting from a mental or physical disability or developmental delay. Developmental Rehabilitation Services are designed to enhance development in the physical/motor, communication, adaptive, cognitive, social or emotional and sensory domains, or to teach compensatory skills for deficits that directly result from medical, developmental, or other health-related conditions. These services are performed per an active Individualized Family Service Plan (IFSP) established by or in consultation with a licensed physician, a licensed occupational therapist, licensed physical therapist, licensed speech language pathologist, licensed professional counselor, licensed master social worker-advanced clinical practitioner, or registered nurse.

An IFSP is the written plan of care which:

- (1) Identifies the needs related to an individual's disability or chronic or complex condition(s) or developmental delay;
- (2) Describes the course of action developed to meet those needs; and
- (3) Identifies the person or persons responsible for each action in the plan.

The IFSP is developed by an interdisciplinary team consisting of a minimum of two fully qualified professionals from different disciplines, the assigned service coordinator, and the parent(s) or guardian(s) of the child.

Developmental Rehabilitation Services are performed by or under the supervision of a licensed physician or other health care professional acting within their scope of practice. These rehabilitative services include developmentally appropriate individualized skills training and support to foster, promote, and enhance child engagement in daily activities, functional independence, and social interaction; assistance to caregivers in the identification and utilization of opportunities to incorporate therapeutic intervention strategies into daily life activities that are natural and normal for the child and family; and continuous monitoring of child progress in the acquisition and mastery of functional skills to reduce or overcome limitations resulting from disabilities or developmental delays.

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DATE APP'VD	05-01-01
DATE EFF	10-01-00
HCFA 179	TX-00-18

A

MAR 23 2001

SUBMITTED TO THE STATE

Service Limitations

These services are not provided to children with a diagnosis of Mental Retardation or Developmental Disability.

These services do not include services guaranteed under the provisions of *IDEA, Part B*.

Client Eligibility

Eligibility criteria for Medicaid eligibles to receive Developmental Rehabilitation Services are:

Under age 21;

Demonstrates the need for these services as documented in an active Individualized Family Service Plan (IFSP).

Providers

In accordance with the regulations at 42 CFR 431.51, all willing and qualified providers may participate in this program.

Developmental Rehabilitation Services Provider Conditions for Participation: Each Developmental Rehabilitation Services Provider organization must meet the following criteria established by the Texas Early Childhood Intervention Program to become a provider of developmental rehabilitation services to children with developmental delays:

Must meet applicable State and Federal laws governing the participation of providers in the Medicaid program in accordance with 42 CFR 440.110;

Must sign a provider agreement with the single state agency; and

Must be certified by the Texas Interagency Council on Early Childhood Intervention, the State program for infants and toddlers with developmental delays.

Developmental Rehabilitation Services provider organizations must ensure that Developmental Rehabilitation Services are:

1. Provided on a statewide basis within designated service delivery areas to ensure continuity of services without duplication;
2. Provided by or under the supervision of agency or contract staff practicing within the scope of their license or certification. This includes:

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SUPERSEDED. NEW PAGE

Licensed Occupational Therapists,
Licensed Physical Therapists,
Licensed Speech Language Pathologists,
Licensed Professional Counselors,
Licensed Master Social Worker Advanced Clinical Practitioners,
Registered Nurses.

Developmental Rehabilitation Services may be provided by:

Licensed Occupational Therapists,
Licensed Physical Therapists,
Licensed Speech Language Pathologists,
Licensed Counselors,
Licensed Social Workers,
Registered Nurses,
Early Intervention Specialist (EIS) professionals participating in or
certified through the ECI Competency Demonstration System,
Certified Teachers participating in or certified through the ECI
Competency Demonstration;
Psychological Associates;

3. Made available to all eligible children in the child's natural environment. Natural environments are settings that individual families identify as natural or normal for their family, including the home, neighborhood, and community settings in which children without disabilities participate. Natural environments are described in 34 CFR 303.12(b); and

4. Delivered in accordance with the scope and duration of the Individualized Family Service Plan (IFSP).

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SUPERSEDED: NONE - NEW PAGE

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